SEP 27 2010 W	RANSMITTAL FORM  for all correspondence after initial r of Pages in This Submission	of filing)	Application Number  Filing Date First Named Inventor Art Unit Examiner Name  Attorney Docket Number	10/786,732 02/25/2004 James E. Ha 3754 Melvin A. Ca 40030-10087	rtagena
Amend  Amend  Extensi  Express  Informa  Certified Docume Reply to	ansmittal Form  Fee Attached  ment/Reply  After Final  Affidavits/declaration(s)  ion of Time Request  is Abandonment Request  tion Disclosure Statement  d Copy of Priority ent(s)  o Missing Parts/ lete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Lice Per Per Per Per Per Per Per Per Per Pe	censing-related Papers etition etition to Convert to a ovisional Application ewer of Attorney, Revocation range of Correspondence A rminal Disclaimer equest for Refund 0, Number of CD(s)  Landscape Table on CD	ddress [	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return receipt postcard
Firm Name Signature	SIGNA Ryndak & Suri LLP	TURE OF	APPLICANT, ATTOR	RNEY, OR	AGENT
Printed name	James D. Ryndak	72			
Date	09/21/2010		Re	eg. No. 28	3,754

**Coc Code: TRAN.LET** 

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date 09/21/2010

James D. Ryndak

Typed or printed name

PTO/SB/17 (10-08)

Fees Paid (\$)

Approved for use through 09/30/2010. OMB 0651-0032

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Effective on 12/08/2004.

LAGORANT aled Appropriations Act, 2005 (H.R. 4818). Complete if Known **Application Number** 10/786,732 FEE TRANSMITTAL Filing Date 02/25/2004 For FY 2009 First Named Inventor James E. Haley **Examiner Name** Melvin A. Cartagena ✓ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3754 TOTAL AMOUNT OF PAYMENT (\$) 26.00 Attorney Docket No. 40030-10087 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>50-0503</u> \_ Deposit Account Name: Ryndak & Suri For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 270 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = 1 26 X Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) 3\_\_\_\_ - 3 or HP = \_\_\_ \_0\_\_\_x 0 HP = highest number of independent claims paid for, if greater than 3.

Other (e	e.g., late filing surcharge):		
SUBMITTED BY			
Signature	MIN/M	Registration No. (Attorney/Agent) 28,754	Telephone 312-214-7770
Name (Print/Ty	pe James D. Ryndak	Date 09/21/2010	

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50

Number of each additional 50 or fraction thereof

(round up to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

3. APPLICATION SIZE FEE

- 100 =

**Total Sheets** 

4. OTHER FEE(S)

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